

ORDER FOR SUPPLIES OR SERVICES										PAGE 1 OF 4		
1. CONTRACT PURCH ORDER/AGREEMENT NO. <div style="border: 1px solid black; padding: 2px;">DAAE20-02-G-0004</div>			2. DELIVERY ORDER/CALL NO. <div style="border: 1px solid black; padding: 2px;">0009</div>		3. DATE OF ORDER/CALL (YYYYMMDD) <div style="border: 1px solid black; padding: 2px;">2003APR16</div>		4. REQUISITION/PURCH REQUEST NO. <div style="border: 1px solid black; padding: 2px;">SEE SCHEDULE</div>		5. PRIORITY <div style="border: 1px solid black; padding: 2px;">DOA4</div>			
6. ISSUED BY TACOM-ROCK ISLAND AMSTA-LC-CAC-B ELYSE E MEADE (309)782-5789 ROCK ISLAND IL 61299-7630 EMAIL: MEADEE@RIA.ARMY.MIL			CODE <div style="border: 1px solid black; padding: 2px;">W52H09</div>		7. ADMINISTERED BY (If other than 6) <div style="border: 1px solid black; padding: 2px;">DCMA BOSTON 495 SUMMER STREET BOSTON MA 02210-2138</div>			CODE <div style="border: 1px solid black; padding: 2px;">S2206A</div>		8. DELIVERY FOB <div style="border: 1px solid black; padding: 2px;"><input type="checkbox"/> DESTINATION <input checked="" type="checkbox"/> OTHER (See Schedule if other)</div>		
9. CONTRACTOR NAME AND ADDRESS <div style="border: 1px solid black; padding: 2px;">CURTISS-WRIGHT FLIGHT SYSTEMS INC DBA LAU DEFENSE SYSTEMS 30 PORTER RD LITTLETON MA 01460</div>			CODE <div style="border: 1px solid black; padding: 2px;">1XVU0</div>		FACILITY <div style="border: 1px solid black; padding: 2px;">C</div>		NONE <div style="border: 1px solid black; padding: 2px;">HQ0337</div>		10. DELIVER TO FOB POINT BY (Date) (YYYYMMDD) <div style="border: 1px solid black; padding: 2px;">SEE SCHEDULE</div>			
11. X IF BUSINESS IS <div style="border: 1px solid black; padding: 2px;"><input type="checkbox"/> SMALL <input type="checkbox"/> SMALL DISADVANTAGED <input checked="" type="checkbox"/> WOMAN-OWNED</div>			12. DISCOUNT TERMS <div style="border: 1px solid black; padding: 2px;">Net 30 Days</div>			13. MAIL INVOICES TO THE ADDRESS IN BLOCK <div style="border: 1px solid black; padding: 2px;">See Block 15</div>						
14. SHIP TO <div style="border: 1px solid black; padding: 2px;">SEE SCHEDULE</div>			CODE <div style="border: 1px solid black; padding: 2px;"></div>		15. PAYMENT WILL BE MADE BY <div style="border: 1px solid black; padding: 2px;">DFAS COLUMBUS CENTER NORTH ENTITLEMENT OPERATIONS PO BOX 182266 COLUMBUS OH 43218-2266</div>				CODE <div style="border: 1px solid black; padding: 2px;">HQ0337</div>		MARK ALL PACKAGES AND PAPERS WITH IDENTIFICATION NUMBERS IN BLOCKS 1 AND 2	
16. TYPE OF ORDER		DELIVERY/ CALL <div style="border: 1px solid black; padding: 2px;"><input checked="" type="checkbox"/></div>		THIS DELIVERY ORDER IS ISSUED ON ANOTHER GOVERNMENT AGENCY OR IN ACCORDANCE WITH AND SUBJECT TO TERMS AND CONDITIONS OF ABOVE NUMBERED CONTRACT.								
PURCHASE		Reference your <input type="checkbox"/> Oral <input type="checkbox"/> Written Quotation _____, Dated _____.		furnish the following on terms specified herein.								
				ACCEPTANCE. THE CONTRACTOR HEREBY ACCEPTS THE OFFER REPRESENTED BY THE NUMBERED PURCHASE ORDER AS IT MAY PREVIOUSLY HAVE BEEN OR IS NOW MODIFIED, SUBJECT TO ALL OF THE TERMS AND CONDITIONS SET FORTH, AND AGREES TO PERFORM THE SAME.								
<div style="display: flex; justify-content: space-between;"> <div>NAME OF CONTRACTOR</div> <div>SIGNATURE</div> <div>TYPED NAME AND TITLE</div> <div>DATE SIGNED (YYYYMMDD)</div> </div> <div style="border: 1px solid black; padding: 2px; margin-top: 5px;"> <input type="checkbox"/> If this box is marked, supplier must sign Acceptance and return the following number of copies: </div>												
17. ACCOUNTING AND APPROPRIATION DATA/LOCAL USE <div style="border: 1px solid black; padding: 2px;">SEE SCHEDULE</div>												
18. ITEM NO.		19. SCHEDULE OF SUPPLIES/SERVICE				20. QUANTITY ORDERED/ ACCEPTED*		21. UNIT	22. UNIT PRICE		23. AMOUNT	
		SEE SCHEDULE CONTRACT TYPE: Firm-Fixed-Price KIND OF CONTRACT: Supply Contracts and Priced Orders Unpriced Orders Against BOA										
* If quantity accepted by the Government is same as quantity ordered, indicate by X. If different, enter actual quantity accepted below quantity ordered and encircle.				24. UNITED STATES OF AMERICA MARGARET I EMMERT /SIGNED/ EMMERTM@RIA.ARMY.MIL (309)782-7149 BY: _____ CONTRACTING/ORDERING OFFICER					25. TOTAL <div style="border: 1px solid black; padding: 2px;">\$79,808.00</div>		26. DIFFERENCES <div style="border: 1px solid black; padding: 2px;"></div>	
27a. QUANTITY IN COLUMN 20 HAS BEEN <div style="border: 1px solid black; padding: 2px;"><input type="checkbox"/> INSPECTED <input type="checkbox"/> RECEIVED <input type="checkbox"/> ACCEPTED, AND CONFORMS TO CONTRACT EXCEPT AS NOTED _____</div>												
b. SIGNATURE OF AUTHORIZED GOVERNMENT REPRESENTATIVE						c. DATE (YYYYMMDD)		d. PRINTED NAME AND TITLE OF AUTHORIZED GOVERNMENT REPRESENTATIVE				
e. MAILING ADDRESS OF AUTHORIZED GOVERNMENT REPRESENTATIVE						28. SHIP. NO. <div style="border: 1px solid black; padding: 2px;"><input type="checkbox"/> PARTIAL <input type="checkbox"/> FINAL</div>		29. D.O. VOUCHER NO.		30. INITIALS <div style="border: 1px solid black; padding: 2px;"></div>		
f. TELEPHONE NUMBER			g. E-MAIL ADDRESS			31. PAYMENT <div style="border: 1px solid black; padding: 2px;"><input type="checkbox"/> COMPLETE <input type="checkbox"/> PARTIAL <input type="checkbox"/> FINAL</div>		32. PAID BY		33. AMOUNT VERIFIED CORRECT FOR		
36. I CERTIFY THIS ACCOUNT IS CORRECT AND PROPER FOR PAYMENT.								34. CHECK NUMBER				
a. DATE (YYYYMMDD)			b. SIGNATURE AND TITLE OF CERTIFYING OFFICER							35. BILL OF LADING NO.		
37. RECEIVED AT		38. RECEIVED BY (Print)		39. DATE RECEIVED (YYYYMMDD)		40. TOTAL CONTAINERS		41. S/R ACCOUNT NUMBER		42. S/R VOUCHER NO.		

SUPPLEMENTAL INFORMATION

1. This delivery order is placed for the purpose of obtaining 2 each Harddrive, Brassboards solid state memory media capable of operating in theM2A3 Bradley Applique +V4 computer. The solid state memory will be used in the V4 computer in place of the current 10 gigabyte rotating memory media. The solid state media will be a form, fit, and functional replacement for the current design rotating memory cartridge and will be used as proof of principal to show that solid state media can be totally backwards compatible to the rotating memory cartridge. As this will be an off-the-shelf design, testing will be to manufacturer requirements.

2. The following GFE will be provided for use during this effort:

Item Number	Description	Part Number	Serial Number
1	CPU	7021-01-487-0579	LP002202
2	Hard Drive	7025-01-474-5753	LH002233
3	CPU	7021-01-487-0579	LP002227
4	Hard Drive	7025-01-474-5753	LH002447
5	Display	7025-01-475-0229	LD000484
6	Keyboard	7025-01-474-3791	LK001136
7	Stylus	9800-07198-0000	N/A
8	Harness	SK12472823	101

3. Delivery is required no later than 30 Jun 03.

4. All prices contained herein are firm.

*** END OF NARRATIVE A 001 ***

Name of Offeror or Contractor: CURTISS-WRIGHT FLIGHT SYSTEMS INC

ITEM NO	SUPPLIES/SERVICES	QUANTITY	UNIT	UNIT PRICE	AMOUNT
	SUPPLIES OR SERVICES AND PRICES/COSTS				
0001	NSN: 9999-99-999-9999 SECURITY CLASS: Unclassified				
0001AA	<u>PRODUCTION QUANTITY</u> NOUN: HARDDRIVE, BRASSBOARD PRON: 7236F03972 PRON AMD: 01 ACRN: AA AMS CD: 31201678013 <u>Packaging and Marking</u> <u>Inspection and Acceptance</u> INSPECTION: Origin ACCEPTANCE: Origin <u>Deliveries or Performance</u> DOC SUPPL <u>REL CD MILSTRIP ADDR SIG CD MARK FOR TP CD</u> 001 W80KTY3071D0011 Y00000 M 1 <u>DEL REL CD QUANTITY DEL DATE</u> 001 2 30-JUN-2003 FOB POINT: Origin SHIP TO: <u>PARCEL POST ADDRESS</u> (Y00000) SHIPPING INSTRUCTIONS FOR CONSIGNEE (SHIP TO) WILL BE FURNISHED PRIOR TO SCHEDULED DELIVERY DATE FOR ITEM REQUIRED UNDER THIS REQUISITION. <u>CONTRACT/DELIVERY ORDER NUMBER</u> DAAE20-02-G-0004/0009	2	EA	\$ 39,904.00000	\$ 79,808.00

CONTINUATION SHEET

Reference No. of Document Being Continued

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PIIN/SIIN DAAE20-02-G-0004/0009

MOD/AMD

Name of Offeror or Contractor: CURTISS-WRIGHT FLIGHT SYSTEMS INC

CONTRACT ADMINISTRATION DATA

LINE	PRON/ <u>ITEM</u>	OBLG <u>AMS CD</u>	<u>ACRN</u>	<u>STAT</u>	<u>ACCOUNTING CLASSIFICATION</u>	JOB		
						<u>ORDER</u> <u>NUMBER</u>	<u>ACCOUNTING</u> <u>STATION</u>	<u>OBLIGATED</u> <u>AMOUNT</u>
0001AA	7236F03972	AA	2	21	32033000035R5R03P31201631E1 S20113	3ZGB13	W56HZV	\$ 79,808.00
	31201678013							
							TOTAL	\$ 79,808.00

SERVICE						ACCOUNTING	OBLIGATED
<u>NAME</u>	<u>TOTAL BY ACRN</u>	<u>ACCOUNTING CLASSIFICATION</u>				<u>STATION</u>	<u>AMOUNT</u>
Army	AA	21	32033000035R5R03P31201631E1	S20113		W56HZV	\$ 79,808.00
						TOTAL	\$ 79,808.00